



**HCBS Waiver Redesign Workgroup Meeting Summary
November 24, 2014
Division for Intellectual & Developmental Disabilities
303 E. 17th Street, Denver, CO 80203**

Work Group Members	State Staff	Guests	Facilitators (HMA)
Kasey Daniel Rob DeHerrera Gerrie Frohne Kevin Graves (phone) Marty Kennedy Molly Kennis (phone) Kendra Kettler (phone)	Sara Leeper Joe Manee Carol Meredith Tracy Murphy Marijo Rymer Steve Valente	Tyler Deines Roberta Aceves Lori Thompson Brittani Trujillo Adam Tucker Michelle Craig (phone)	Robert Hernandez Ellen Jensby Marci Eads

Agenda Item	Summary of Discussion	Requests and Follow up
Welcome/ Introductions	Everyone introduced themselves.	
Updates	We discussed the plan to finalize the work group's recommendations in the next couple of meetings. We agreed to not have a December meeting because of the holidays and to meet again in January. Tyler and Marci will bring the full set of recommendations to the group for their final approval of their recommendations to the Division. The next steps will be for the Division to begin creating draft documents. Work group members will be asked to be ambassadors to help the Division get feedback from additional stakeholders and to explain recommendations that have been made. The Division hopes to hold	



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	<p>meetings with stakeholders across the state in early Spring 2015. The group expressed an interest in having 2-3 meetings of this work group in 2015 to hear about the Division's progress on the waiver, and to provide input and feedback. A future meeting schedule will be discussed at the January work group meeting.</p>	
<p>Person-Centered Planning Discussion</p>	<p>The group was provided with an overview of the HHS guidance on person-centered planning, which was followed by a discussion. It is the group's recommendation that the Division incorporate this guidance into its work on the new waiver, with the following caveats and additions:</p> <ul style="list-style-type: none"> • It is important to consider what happens when there is conflict within a planning team about what "the right services" are. Also, the HHS guidance says the plan should be approved by everyone, and this isn't always possible. • The Division should consider articulating who is responsible for ensuring that any natural supports that are written into plans are received. • The Division should consider adding the "five principles of self-determination" as part of its thinking when incorporating person-centered planning into the new waiver. • Who should be engaged is critical when doing person-centered planning. This should include friends, coworkers, and other people who are important in the individual's life. • The waiver should make sure to specify that the "authorized representative" should be selected by the person and the process of making that selection is important. • Person-centered planning recommendations need to be in alignment with CMS final rule on HCBS. • The individual receiving services should be "directing the process" not just "central to the process" 	



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	<ul style="list-style-type: none"> • The waiver should include language that encourages “pre-planning” because there is often a need to work with the individual before the meeting to help them understand what is going to happen, to help the person be able to prepare for the meeting, and start thinking about what they want. This should include some of the team to help the team understand how the process is supposed to go and what person-centered planning should look like. • The Division should note that language in general is often a challenge. The guidance on person-centered planning should be broader and include any and all communications challenges (i.e., people who are non-verbal). • In terms of the process, the Division might consider utilizing something like the Essential Lifestyle Plan to help guide the process. Existing service plan documents are not very person-centered • Also, who decides who is monitoring the plans? This needs to be a consideration. • It may be helpful to add language about being responsible stewards of public dollars to the statement about avoiding “unnecessary or inappropriate services and supports”. 	
Keys Amendment and HCBS Final Rule	<p>The work group was provided with a presentation about the Keys Amendment and the HCBS Final Rule, which was followed by a discussion about standards for provider-owned housing.</p> <p>The group recommended that, in the new waiver, when a home is owned or controlled/operated by a provider, all of the Keys Amendment and HCBS final rule requirements apply. Further, the group requested that Tyler and Marci bring back to the group a more detailed recommendation for their discussion and potential recommendation.</p>	Tyler and Marci will bring a more detailed recommendation to the January meeting for discussion and potential recommendation.



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Community Transitions Services	At the October meeting, the group had requested that Tyler and Marci investigate whether Community Transitions Services were available to people who were transitioning out of non-Medicaid institutions. We brought the information to the November meeting (these services are available.) The group recommends that, in the new waiver, the Division specifically note that these services are available to people transitioning out of non-Medicaid institutions (i.e., jails, IMD).	
Specialized Medical Equipment	<p>At the October meeting, the group had requested that Tyler and Marci develop a new Specialized Medical Services definition to share with the group for their input and potential recommendation to the Division. We brought that definition and shared it. After some discussion, the group made several recommended changes and asked Tyler and Marci to bring the revised definition to the January meeting for their potential recommendation. Most changes were minor and designed to reduce confusion. However, a couple of additions include:</p> <ul style="list-style-type: none"> • add hearing aids, hearing aid batteries and equipment and supplies for vision needs, not available under the State Plan • add equipment or supplies around self-calming strategies, i.e., weighted blankets, special lighting, water, if recommended by a professional <p>Additionally, the group recommended changing the name of the category of service to: "specialized medical, health, and wellness equipment and supplies". Last, the group recommended that we revisit assistive technology to see if Fit Bit type technology would be covered under our recommended service definitions.</p>	Tyler and Marci will generate a new draft services definition and share this at the January meeting.
Professional Services	At the October meeting, the group had requested that Tyler and Marci develop a new Professional Services definition to share with the group for their input and potential recommendation to the Division. We brought that definition and shared it. After some discussion, the group made several recommended	Tyler and Marci will generate a new draft services definition and share this at the



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	<p>changes and asked Tyler and Marci to bring the revised definition to the January meeting for their potential recommendation.</p> <ul style="list-style-type: none"> • change last sentence to: "In addition, the licensed medical professional shall monitor the progress or maintenance of that goal at least annually" • possibly change the name of the services category, possibly including the word "therapeutic" in it 	January meeting.
Public Comment	<p>Rob H. asked for more information on independent contractors within CFC. Lori mentioned that this is a long time into the future. Rob H. also noted that he likes the idea of a pre-planning session, using the 100.2 with the person in advance, to help create a plan that isn't just rubber-stamped. Some targeted case managers are better at this than others. The person-centered planning process needs to be really infused into the process.</p> <p>There were questions and some discussion about how often the SIS should be administered, how often it is currently done, and how people can request re-administration of the SIS to ensure it reflects current needs.</p>	
Next Steps	The group requested a deeper discussion about payment reform options at the January meeting.	

